

## “Test-Drive-A-Bike” days 2019

Test-drive some of our adapted and specialized bikes and trikes. A physiotherapist is available to assist in choosing the right bike for you.

Please register in advance to help us with planning. If there are specific bikes you would like to try out, please let us know.

West Kildonan Arena 346 Perth Avenue	Friday April 26	4:00 – 8:00
	Saturday April 27	10:00 – 2:00
Charleswood United Church 4820 Roblin Blvd	Friday May 3	4:00 – 8:00
	Saturday May 4	10:00 – 2:00
West Kildonan Arena 346 Perth Avenue	Friday May 10	4:00 – 8:00
	Saturday May 11	10:00 – 2:00

To register, complete the attached registration form. You can mail, fax, or drop it off. Address and fax number are on the top of this page.

For more information, contact Carol Kehler at 204-258-6537 or [ckehler@rccinc.ca](mailto:ckehler@rccinc.ca)

You can sign up to *borrow* a trike / bike / trailer from us for a 3-week period. You will not take a bike home with you after your assessment.

After your test drive, we will give you an assessment sheet. You can share this with your community therapist to help with funding requests.



Test drive day gives you a chance to:

- Find the type of bike / trike that works best
- Check out our trailers and 2-rider trikes

The RBC Therapeutic Recreation and Wellness program is part of RCC's LIFE program, and is generously funded by the Children's Rehabilitation Foundation and their donors. For more information on their work with families and children with special needs, visit their website at [www.crf.mb.ca](http://www.crf.mb.ca)



Specialized Services  
for Children & Youth  
Together Is Better

www.sscy.ca

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REHABILITATION  
CENTRE FOR  
CHILDREN

www.rccinc.ca

**RBC Therapeutic Recreation and Wellness Program**  
**Test Drive a Bike Registration**

Name of Participant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Age: \_\_\_\_\_

**Parent Information:**

Parents/Guardian: \_\_\_\_\_ Address: \_\_\_\_\_

Check one  Foster Parents  
 Legal Guardian/Parent

Home Phone #: \_\_\_\_\_  
Cell Phone #: \_\_\_\_\_  
Email (optional): \_\_\_\_\_

**Please indicate your preferred time slots. Choose at least 2 to help us with scheduling.**

West Kildonan Arena 346 Perth Avenue	Friday April 27	4:00 – 6:00 _____	6:00 – 8:00 _____
	Saturday April 28	10:00 – 12:00 _____	12:00 – 2:00 _____
Charleswood United Church 4820 Roblin Blvd	Friday May 3	4:00 – 6:00 _____	6:00 – 8:00 _____
	Saturday May 4	10:00 – 12:00 _____	12:00 – 2:00 _____
West Kildonan Arena 346 Perth Avenue	Friday May 10	4:00 – 6:00 _____	6:00 – 8:00 _____
	Saturday May 11	10:00 – 12:00 _____	12:00 – 2:00 _____

**Information to help us choose the right bike / trike for you:**

1. What your child / teen is riding now:
2. What's not working with the current bike / trike:
3. What has been tried in the past that was successful:
4. What has been tried in the past that didn't work (and why, if known):
5. Your child / teen's inseam measurement:
6. Your child's therapist:
7. Anything else we should know?

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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Therapeutic Recreation  
and Wellness Program